

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/079678

FILING DATE

5-15-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17		1				
18	1					
19	1					
20	1					
21		9				
22		9				
23		9				
24		9				
25		9				
26		9				
27	1					
28		9				
29		9				
30		9				
31		9				
32		9				
33		9				
34		9				
35		9				
36		4				
37		9				
38		9				
39		4				
40		9				
41	1					
42		8				
43		3				
44		2				
45		2				
46		1				
47		1				
48	1					
49	1					
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		9				
52		9				
53		2				
54		9				
55		0				
56		3				
57		1				
58		1				
59		1				
60		1				
61		3				
62		9				
63		9				
64		2				
65		9				
66		1				
67		3				
68		9				
69		1				
70		9				
71		1				
72		1				
73		1				
74		0				
75		0				
76		9				
77		9				
78		9				
79		9				
80		9				
81		10				
82		10				
83		0				
84		10				
85		8				
86	1					
87	1					
88		1				
89	1					
90		9				
91		9				
92		9				
93		10				
94		9				
95		9				
96		9				
97		9				
98						
99						
100						
TOTAL IND.	16	↓		↓		↓
TOTAL DEP.	46	↓		↓		↓
TOTAL CLAIMS	47					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS